

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10522</u>	2 Fiscal Year Covered From <u>1/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>Randy</u> <u>Plough</u> P O Box Bldg Room No If any Street <u>3689 South 38th East</u> City <u>Anderson</u> State <u>IN</u> ZIP Code + 4 <u>46017</u>	4 Name file number and address of labor organization Name <u>Chesterfield Painters JATC</u> Labor Organization File Number P O Box Building and Room Number if any <u>P.O. Box 42</u> Street <u>111 Bing St.</u> City <u>Chesterfield</u> State <u>IN</u> ZIP Code + 4 <u>46017</u>
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A' Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

R J P / J

On

8-15-05

Date

765-378-5242

Telephone Number

Name of Person Filing

Randy Plough

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL UNION OF PAINTERS

Trade Name, if any: JATF

P.O. Box, Bldg., Room No., if any

Street 1750 NEW YORK AVE N.W.

City WASHINGTON

State DC ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ATTENDING CLASS AT JATF SCHOOL.

11.b. Approximate dollar value of such dealing.

\$875.79

12.a. Nature of interest held or income received.

6-20-04 Lodging + MEALS \$832.30
6-24-04 GRADUATION BANQUET \$43.49

12.b. Amount.

\$875.79

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



International Union of Painters and Allied Trades, AFL-CIO, CLC
District Council 91

Painters Local Union 669

P O Box 42, Chesterfield, IN 46017

tel 765-378-5242 * fax 765-378-0486

INDIANA • ILLINOIS • KENTUCKY • TENNESSEE

Everett Sides, Business Representative/Organizer

INDIANA

PLU # 47 INDIANAPOLIS
317 546-5638

PLU #80 LAFAYETTE
765-477 7848

PLU #156 EVANSVILLE
812-425-4414

PLU #197 TERRE HAUTE
812 232 1644

PLU #460 NW INDIANA
219-947-0420

PLU #469 FORT WAYNE
260-484 7924

PLU #669 ANDERSON
765-378 5242

PLU #1118 SOUTH BEND
574-287-8200

GLU #1165 IN KY IL

EVANSVILLE
812 962-0652

FORT WAYNE
260-484 7924

GARY
219 947-0420

INDIANAPOLIS
317 542 7617

SOUTH BEND
574-287-8200

KENTUCKY

PLU # 118 LOUISVILLE
502 366-2233

PLU # 500 PADUCAH
270-441 7697

TENNESSEE

PGLU # 456 NASHVILLE
615-255-7863

August 15, 2005

U S Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

RE Form LM-30 (1/1/04 - 12/31/04)

To Whom It May Concern

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently, some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Respectfully Yours

Randy Plough
Apprenticeship Training Instructor
Chesterfield Painters JATC

CERTIFIED MAIL # 7000 0520 0013 0010 5035

